SUBMIT <u>COMPLETED ORIGINAL</u> APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Zoning Department P.O. Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN



Bayfield Co. Zoning Dept.

<u>>US</u> 24201

Amount Paid: #75	Zoning District	Date	Application No.		
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INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

	Stalyo	YOR COL Secretarial Staff
q. z - ۱(Date of Approval	Signed O. A. Inspector	
		Rec'd for Issuance
Variance (B.O.A.) #		Mitigation Plan Required: Yes No Condition:
Date of Inspection 9-2-it	82-	\$10. PERMIT MAYO BE ISSUED BY
by assome Attacks to be once comparate	baloheas he hemseatheo	Reason for Denial: Inspection Record: Squatour Sarokes le 40
Permit Denied (Date)	HE0314	Date 9 6 11 Permit Number
Date	sanitary Number	Permit Issued: State
Copy of lax Statement or V (If you recently purchased the property Attach a Copy of Recorded Deed)	PLEASE COMPLETE	See Notice on Back APPLICANT
SUBIH ATTACH	e E Hi	6
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit, I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. Owner or Authorized Agent (Signature) Date Date	ion) has been examined by me (us) and to the cy of all information I (we) am (are) providing the of Bayfield County relying on this influences to have access to the above described.	I (we) declare that this application (including any accompanying information) to (we) acknowledge that I (we) am (arc) responsible for the detail and accuracy of a to issue a permit. I (we) further accept liability which may be a result of consent to county officials charged with administering county ordinances Owner or Authorized Agent (Signature)
Other (explain) External Improvements to Accessory Building (explain)	ING CONSTRUCTION WITHOUT	☐ Residential Other (explain)
☐ External Improvements to Principal Building (explain)	40×48	図Residential Accessory Building (explain) <u>まていては</u> なり
☐ Commercial Other (explain)	☐ Commercial	Residence sq. ft Garage sq. ft
Commercial Accessory Building Addition (explain)	☐ Commercial	nce w/attached garage (# c
☐ Commercial Accessory Building (explain)	☐ Commercial	A. A
☐ Commercial Principal Building Addition (explain)	☐ Commercial	Residence w/deck-porch (# of bedrooms)
☐ Commercial Principal Building	☐ Commercial	Residence sq. ft.
Basement: Yes No X Number of Stories Sanitary: New Existing Privy City Type of Septic/Sanitary System	Existing Basement: Yes Sanitary: New Type of Septic!	Structure: New X Addition Existracture: New X Addition Existracture: New X Addition Square Footage Structure: (# of bedrooms)
☐ 75't		ucture in a Shoreland Zone? Yes ☐ No
tion Attached: Yes ☐ No	(Work) Written Authoriz	lone
ent (Phone)	Ē	7 5481
Hans Dab (Phone) 715-779-3600	Contractor	Property Owner Resperant Cindy Copp
-54-17-3 07-1	Parcel I.D. OH - ODG - 2	Volume D44 Page 33 of Deeds Page
Range 4	on 17 Township 50	scription 1/4 of
SPECIAL USE A B.O.A. OTHER	CONDITIONAL USE 🗍 SPEC	NITARY PRIVY
	IVE BEEN ISSUED TO APPLICANT.	OO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT Changes in plans must be approved by the Zoning Department.

